

FY 2001 Amendment Application



Fiscal Year 2001
New Jersey Department of Education
Improving America's Schools Act (IASA)
LEA CONSOLIDATED FORMULA SUBGRANT

Submit this
application to
County Office of
Education only

Amendment Application

<input type="checkbox"/> Individual LEA Applicant		<input type="checkbox"/> Consortium Applicant																
<input type="checkbox"/> Amendment to FY 2001 PROJECT CODE: IASA ____ - 01 <input type="checkbox"/> Amendment to FY 2000 carry-over PROJECT CODE: IASA ____ - 00		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Check</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Amended Title</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Award Amount</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title I</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title II</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title IV</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Title VI</td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>		<u>Check</u>	<u>Amended Title</u>	<u>Award Amount</u>	<input type="checkbox"/>	Title I		<input type="checkbox"/>	Title II		<input type="checkbox"/>	Title IV		<input type="checkbox"/>	Title VI	
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<input type="checkbox"/>	Title I																	
<input type="checkbox"/>	Title II																	
<input type="checkbox"/>	Title IV																	
<input type="checkbox"/>	Title VI																	
1. LEA:		2. County:																
3. Project Director:		3a. Tel. #:	3b. Fax #:															
4. Address:																		
5. Describe the reason(s) that the funds will not be expended as approved. <i>(Attach additional sheets, as needed.)</i>																		
FOR USE BY CONSORTIUM APPLICANTS ONLY																		
6. <input type="checkbox"/> As the applicant agency for the consortium, I certify that all participating LEAs are in agreement with the changes set forth in this Amendment Application.																		
7. Board Secretary (Signature):		Board Approval Date:																
8. Approved by Chief School Administrator (Signature):		Date:																
FOR SEA USE ONLY																		
County Office	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____ Date: _____															
OGMD	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____ Date: _____															
COPY DISTRIBUTION: County Office Chief School Administrator																		

Fiscal Year 2001

New Jersey State Department of Education IASA LEA CONSOLIDATED FORMULA SUBGRANT APPLICATION Budget Statement - Amendment

LEA: _____ COUNTY: _____ PROJECT CODE: IASA- _____ -01

EXPENDITURE CATEGORY	FUNC.& OBJECT CODES	FUNDING SOURCES					TOTAL (LEA USE OPTIONAL)
		TITLE I	TITLE II		TITLE IV	TITLE VI	
			FEDERAL	LEA MATCH			
INSTRUCTION							
Salaries of Teachers	100-101						
Other Salaries for Instruction	100-106						
Purchased Prof. & Tech. Services	100-300						
Other Pur. Serv. (400-500 series)	100-500						
Tuition	100-560						
General Supplies	100-610						
Textbooks	100-640						
Other Objects	100-800						
SUBTOTAL INSTRUCTION							
SUPPORT SERVICES							
Sal. of Supervisors of Instruction	200-102						
Sal. of Program Directors	200-103						
Sal. of Other Professional Staff	200-104						
Sal. of Secretarial & Clerical Assist.	200-105						
Other Salaries	200-110						
Personal Serv. -Employee Benefits	200-200						
Purchased Prof. - Ed. Services	200-320						
Other Purchased Prof. Services	200-330						
Purchased Technical Services	200-340						
Rentals	200-440						
Contracted Services - Transport.	200-516						
Travel	200-580						
Other Pur. Serv. (400-500 series)	200-590						
Supplies and Materials	200-600						
Indirect Costs	200-860						
Other Objects	200-890						
SUBTOTAL - SUPPORT SERVICES							
FAC ACQ & CONSTR SERV							
Buildings (Use charge)	400-720						
Instructional Equipment	400-731						
Noninstructional Equipment	400-732						
SUBTOTAL - FAC ACQ & CONSTR							
SCHOOLWIDE PROGRAMS	520-930						
TOTALS BY FUNDING SOURCE							

LEA-Business Administrator Signature _____

Date _____

New Jersey Department of Education
IASA LEA CONSOLIDATED FORMULA SUBGRANT APPLICATION
Fiscal Year 2000
Budget Detail - Amendment

LEA: _____ County: _____

Project Code _ _ _ _ 00

EXPENDITURE CATEGORY	FUNCTION & OBJECT CODE	ITEMIZED BUDGET						JUSTIFICATION CODE
		DESCRIPTION/ITEMIZATION	FUNDING SOURCE				GOAL/OBJECTIVE /ACTIVITIES	
			TITLE I	TITLE II		TITLE IV		TITLE VI
			Math/Sci	Other				
		SUBTOTAL:						
		GRAND TOTAL (final page only): (* include in the Grand Total the subtotal from the Administrative Costs Page 72)						

Use additional sheets, if needed.

LEA Business Administrator Signature _____ Date _____

New Jersey Department of Education
IASA LEA CONSOLIDATED FORMULA SUBGRANT APPLICATION
 Fiscal Year 2000

Budget Detail – Amendment - Administrative Costs

LEA: _____ County: _____

Project Code _ _ _ _ 00

Consolidated (see page 68 for restrictions.)

EXPENDITURE CATEGORY	FUNCTION & OBJECT CODE	ITEMIZED BUDGET					JUSTIFICATION CODE
		DESCRIPTION/ITEMIZATION	FUNDING SOURCE				
			TITLE I	TITLE II	TITLE IV	TITLE VI	
		SUBTOTAL: (* add to the Grand Total on the Budget Detail Page)					

Use additional sheets, if needed.

LEA Business Administrator Signature _____ Date _____